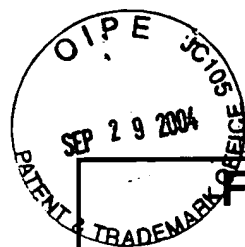


<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/091,372	
	Filing Date	March 4, 2002	
	First Named Inventor	Eric M. FERREIRA	
	Art Unit	1621	
	Examiner Name	Michael L. SHIPPEN	
Mail Stop	AMENDMENT	Attorney Docket Number	1950-0001

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> No fee due <input type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> <b>Fees due</b> <input checked="" type="checkbox"/> <b>Fee Transmittal</b> <input checked="" type="checkbox"/> <b>Check for \$520.00</b> <input checked="" type="checkbox"/> Charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> <b>Return postcard</b> <input checked="" type="checkbox"/> <b>Amendment/Reply</b> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> <b>Extension of Time Request – Three months</b> <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement & Form(s) PTO-1449 <input type="checkbox"/> Copy(ies) of cited reference(s) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s):	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: <b>The Commissioner is hereby authorized to charge any additional or underpayment of fee(s) to Deposit Account No. 18-0580.</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name (print/type)	Mark L. Warzel, Reg. No. 47,264 Reed & Eberle LLP	Telephone	(650) 330-0900
Signature		Date	September 24, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Name (print/type)	Mary O'Malley	Date	September 24, 2004
Signature		Date	September 24, 2004



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/03. Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	10/091,372
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 4, 2002
		First Named Inventor	Eric M. FERREIRA et al
		Examiner Name	Michael L. SHIPPEN
TOTAL AMOUNT OF PAYMENT		Group Art Unit	1621
\$520.00		Attorney Docket No.	1950-0001

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account No. 18-0580 Deposit Account Name Reed & Eberle LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any underpayment or credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>3. ADDITIONAL FEES</b>																																																																																																																																	
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SUBMITTED BY			Complete (if applicable)	
Name (Print/Type)	Mark L. Warzel	Registration No. (Attorney/Agent)	47,264	Telephone (650) 330-0900
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